

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-012938

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

3054

FILED MAR 26 1962

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

St. Louis

Length of stay in 1b

2 yr 7 mo

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Masonic Home of Mo.

Inside Limits

Yes ☒ No ☐c. CITY
OR
TOWNSt. Louis
Florissant

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

2605 Gurney Ct.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Lulu

Middle

A.

Last

Lueke

4. DATE
OF
DEATHMonth
March

Day

19,

Year

1962

5. SEX

F

6. COLOR OR RACE

W

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/15/80

9. AGE (last birthday)

81

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

24 hrs.

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Generalized arteriosclerosis

unk

DUE TO (c)

4201

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 8/13/59

to 3/19/62

and last saw her alive on 3/19/62

Death occurred at 10:15 P.M.

m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Harold E. Walters M.D.

22b. ADDRESS

3720 Washington St. Louis

22c. DATE SIGNED

3-20-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

3/21/62

23c. NAME OF CEMETERY OR CREMATORY

Oak Grove Crematory.

23d. LOCATION (City, town, or county)

St. Louis County

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

Calvin F. Feutz Funeral Home 4828 Nat'l

25. DATE RECD. BY LOCAL REG.

MAR 21 1962

26. REGISTRAR'S SIGNATURE

Earl Smith M.D.

USE BLACK INK

OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

John A. Mlinar

Licensed Embalmer No. 4186

P. O. Address St Louis Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.